

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 02, 2003 8:00 am**  
**Secretary of State**

04-02-2003 90033 021 \*\*\*150.00

**DOCUMENT # P99000102808**

1. Entity Name  
**SWAPJOBS.COM, INC.**



Principal Place of Business  
**14909 PELICAN POINT PL  
TAMPA FL 33625**

Mailing Address  
**14909 PELICAN POINT PL  
SUITE # 2  
TAMPA FL 33625**



2. Principal Place of Business

**7607 SOUTHERN BROOK BEND**

3. Mailing Address

**7607 SOUTHERN BROOK BEND**

Suite, Apt. #, etc.  
**#103**

Suite, Apt. #, etc.  
**#103**

City & State  
**TAMPA, FL**

City & State  
**TAMPA, FL**

Zip  
**33635**

Country  
**USA**

Zip  
**33635**

Country  
**USA**

4. FEI Number **59-3614248**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**PATRINO, MICHAEL A II  
14909 PELICAN POINT PL  
TAMPA FL 33625**

**7607 SOUTHERN BROOK BEND  
#103  
TAMPA, FL 33635**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete  
NAME **PATRINO, MICHAEL A II**  
STREET ADDRESS **14909 PELICAN POINT PLACE**  
CITY-ST-ZIP **TAMPA FL 33625**

TITLE **CEO, CHAIRMAN, D** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **7607 SOUTHERN BROOK BEND #103**  
CITY-ST-ZIP **TAMPA, FL 33635**

TITLE **D** ☐ Delete  
NAME **ROWAN, FRANK J**  
STREET ADDRESS **1200 CHERRY ST NE # 5**  
CITY-ST-ZIP **SAINT PETERSBURG FL 33701**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **SHORES, ROSALEA**  
STREET ADDRESS **3702 W GRANADA ST**  
CITY-ST-ZIP **TAMPA FL 33629**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **418 N NOYES BLVD**  
CITY-ST-ZIP **ST JOSEPH, MO 64501**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/03

Date

813-842-2104

Daytime Phone #

CR2E034 (10/02)